TRANSMITTAL FORM (to be used for all correspondence after initial file.)		U.S. Paten s are required to respond to a collection of the collec	nt and Tra on of infor 09/5409 March 3 BuAbbu 2633	ademark ormation u 955 31, 2000 ud	PTO/SB/21 (08-03) d for use through 08/30/2003. OMB 0651-0031 c Office; U.S. DEPARTMENT OF COMMERCE unless it displays a valid OMB control number. PECEIVED SFP 1 1 2003
Total Number of Pages in This Submission		Attorney Docket Number	Shi K. L 5600436	Li 3610132	Technology Center 2600
ENCLOSURES (Check all that apply)					
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addre Terminal Disclaimer Request for Refund CD, Number of CD(s)	ess	Pater	After Allowance communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): nt Application Fee Determination Record

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Suzanne Koston

Date

September 4, 2003

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Response to Missing Parts under 37 CFR 1.52 or 1.53

Paul E. Franz, Esq. Jones Day

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Individual name Signature

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PTO/SB/17 (08-03) Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known FEE TRANSMITTAL 09/540955 Application Number March 31, 2000 Filing Date for FY 2003 BuAbbud First Named Inventor 2003 Effective 01/01/2003. Patent fees are subject to annual revision. Shi K. Li **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 echnology Center 2600 2633 Art Unit 560043610132 (\$) 84.00 Attorney Docket No TOTAL AMOUNT OF PAYMENT FEE CALCULATION (continued) METHOD OF PAYMENT (check all that apply) 3. ADDITIONAL FEES Money Other Check Credit card None Order Large Entity | Small Entity Deposit Account: Fee Fee Fee Fee **Fee Description** Deposit Code (\$) Code (\$) Fee Paid 501432(Ref. 560043610132) Account 2051 65 Surcharge - late filing fee or oath 1051 130 Number Deposit 1052 50 2052 Surcharge - late provisional filing fee or Jones Day Account cover sheet Name 130 Non-English specification 1053 130 1053 The Director is authorized to: (check all that apply) 1812 2,520 For filing a request for ex parte reexamination 1812 2.520 Charge fee(s) indicated below Credit any overpayments 1804 920 1804 920* Requesting publication of SIR prior to Charge any additional fee(s) during the pendency of this application Examiner action Charge fee(s) indicated below, except for the filing fee Requesting publication of SIR after 1805 1.840 1805 1.840* Examiner action to the above-identified deposit account. 1251 110 2251 Extension for reply within first month **FEE CALCULATION** Extension for reply within second month 1252 410 2252 1. BASIC FILING FEE 1253 930 2253 465 Extension for reply within third month arge Entity Small Entity Fee Paid Fee Description 2254 725 Extension for reply within fourth month 1254 1,450 Code (\$) ode (\$) 985 Extension for reply within fifth month 1255 1.970 2255 1001 750 2001 375 Utility filing fee 1401 320 2401 160 Notice of Appeal 1002 330 Design filing fee 2002 165 1402 320 2402 160 Filing a brief in support of an appeal 1003 520 2003 260 Plant filing fee 2403 140 Request for oral hearing 1403 280 2004 375 Reissue filing fee 1004 750 1,510 Petition to institute a public use proceeding 1451 1,510 1451 1005 160 2005 80 Provisional filing fee 2452 55 Petition to revive - unavoidable 1452 110 **SUBTOTAL (1)** (\$) 1453 1 300 2453 650 Petition to revive - unintentional 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,300 2501 650 Utility issue fee (or reissue)

1			
Other fee (specify)			
y Basic Filing Fee Paid SUBTOTAL (3) (\$)			

(Complete (if applicable)) SUBMITTED BY Registration No. 45,910 Telephone 216/586-3939 Name (Print/Type) .Esq. بيPaul E. Franz September 4, 2003 Date Signature

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Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 560043610132 Substitute for Form PTO-875 4 TRADE OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER EXTRA NUMBER FILED FEE RATE FEE FOR RATE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS 11 minus 20 = -0-OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS minus 26 = -0-= X S = (37 CFR 1.16(b)) X \$ OR + \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = TOTAL OR * If the difference in column 1 is less than zero, enter "0" in column 2. **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 3) SMALL ENTITY (Column 1) (Column 2) SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENT **EXTRA** TIONAL TIONAL PREVIOUSI Y **AFTER** FEE FEE PAID FOR AMENDMENT Minus Total ENDM -0-(37 CFR 1.16(c)) 15 -0--0-X \$ OR Independent (37 CFR 1.16(b)) Minus x \$ 84 252,00 -0-3 OR 6 X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL \$252.00 ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ш PRESENT ADDI-REMAINING RATE NUMBER RATE ADDI-TIONAL **PREVIOUSLY EXTRA** TIONAL ENT AFTER FEE AMENDMENT PAID FOR FEE Total Minus ENDM -0--0-X S -0-X S OR (37 CFR 1.16(c)) 16 Minus Independent (37 CFR 1.16(b)) x \$ 84 = 84.00 6 X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL \$84.00 ADD'L FEE OR ADD'L FEE (Column 3) (Column 1) (Column 2) CLAIMS HIGHEST PRESENT O RATE ADDI-REMAINING NUMBER RATE ADDI-**EXTRA** TIONAL TIONAL **AFTER** PREVIOUSLY NDMENT FEE FEE PAID FOR AMENDMENT Minus Total (37 CFR 1.16(c)) X \$ OR X \$ Independent (37 CFR 1.16(b)) Minus X S Ш X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = TOTAL TOTAL ADD'L FEE OR ADD'L FEE * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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